U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7720	2. Fiscal Year Covered From:
,	1/1/2004 Through: /2/3//04
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Vincen T J. LAZZARO	Name Constanction Gameral Cabones 633
	Labor Organization File Number 592-766
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7051 Fly Rd.	Street 70.51 Fly Rd.
City E. SYRACUSE	City CC
State X. ZIP Code +4 /3 0.57	State New York ZIP Code +4 (3057)
	<del></del>
monetary value from an employer whose employees your organiza  6. Name and address of Employer (including trade name, if any).	tion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations and address of Employee (including to de page 15 and address of employee (including to de page 15 and address of employee (including to de page 15 and address of employee (including to de pa	tion represents or is actively seeking to represent.
Name	
indian in the control of the control	
Trade Name, if any:	
D.O. Play Dida, Deem No. 15 and	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	_ l _ ;
City	1
State ZIP Code + 4	
	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second contained in this second contained in the second contained contained in the second contained in the second contained contained in the second contained	nying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Vincent 5. LAZZO	9 RO	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Oppositioned Capital			
Trade Name, if any:	a. Labor Organiza	ion	
P.O. Box, Bidg., Room No., if any	4.4.4		
Street /345 pormue america	c. Employer		
City New York			
City New York  State New York  ZIP Code + 4 130 105			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali		
Name Orion doon County Laborers	INVESTMEN	r in omnersia	
Name Orion daga County Laborens. Persion, Harisa wellose, amounty, The maining. Trade Name, if any:			* 9 %
P.O. Box, Bldg., Room No., if any	manufacture of the state of the		
Street, 7051 Fly Rd	11.b. Approximate dollar valu	ue of such dealing.	
City E. Synacus	12.a. Nature of interest hel	d or income received.	
City E. Synacus.  State New York ZIP Code + 4 13057	Direction for	providual Trusters	
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	voldand in the control of the contro		
	fri Landsmithrands		
	12.b. Amount.	Unkar	
	(2.0.7 (3.00))	WAYAR	וקשו
<ol> <li>Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money</li> </ol>			
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name !			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			

14.b. Amount of payment.

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

City

State

Name of Person Filing Vincer	, + J. LAZ	2420	)	File Number U-	
B. Held an interest in or derived income substantial part of which consists of buy of an employer whose employees your (2) any part of which consists of buying dealing with your labor organization or versions.	ying from, selling or leasing t labor organization represent from or selling or leasing dir	o, or otherwits or is active ectly or indir	ise dealing with the busine ely seeking to represent, or ectly to, or otherwise		
8. Name and address of Business (include	ling trade name, if any).		9. Business deals with:	,	
Name J. P. Jeanmen	er Associates	en c.	a. Labor Organiz	zation	
Trade Name, if any:			b. Trust	2011011	
P.O. Box, Bldg., Room No., if any			c. Employer		
Street /00 E. Was	hingland st.		c. Employer		
City syraeuse					
City Synacuse State Hew York	ZIP Code + 4 /3 2	ه در ا			
10. If 9.b. or 9.c. is checked give trust of	r employer's name.		11.a. Nature of such dea	aling.	
Name Operatorya Count Pension - Han (the walking Trade Name, if any:	2 Corboneas c. annu 17-7anin	1.1	increstwer	I monthly	
P.O. Box, Bldg., Room No., if any			The state of the s		
Street 7051 Fg W.	en e	}	11.b. Approximate dollar v	also of auch donling	No. 2011 Control of Co
City F. Synaense	and the state of t	V. Appenie - Montesquescentrialma	12.a. Nature of interest h	eld or income received.	
State New York	ZIP Code + 4	<i>5</i> 7.	pidden fu and then	n petreasderis	Trustien's 8-9-04
			And the contract of the contra	· · · · · · · · · · · · · · · · · · ·	
		-	12.b. Amount.		UNERDOWN
C. Received from any employer (o or from any labor relations consultant t				<del>and the second </del>	
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street		12			
City		and the second second			
State	ZIP Code + 4				
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of paymer	ıt.	

Name of Person Filing Vincent J. LAZ	ZARO File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Q C I / west ments  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 40 A  Street Grove St.  City P. Hs Ford  State New York ZIP Code + 4 1 1 1 5 3 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Oromony County Caborras  Pens. in - Health we (For a Manually, Training)  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  In unes from t was to many an
Street 7051 Fly Rd  City F. synaewse,  State M. Y. ZIP Code + 4 1303-7	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  D. arrow for a Trending Town for and there provedure gard there provedure gard
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	er parts A and B above) or other thing of value.  14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.0. Amount of payment.

Name of Person Filing VINCENT J. LAZZAR	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valisubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Drindos a County Laborers  Health Welfore Pers, in famous with  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 7051 Fly Rd.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
State N.Y. ZIP Code + 4 13057	
10. If 9 ib. or 9.c. is checked give trust or employer's name.  Name:  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  To Provide health & Pension & Maining  For Parties for the Ends  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  A Heading Flucational configurations  and Fund meetings  Coe ATTAChed
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money     13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	prints A and by above) or other thing of value.  14.a. Nature of payment.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

		AND		The state of the s				Park international Association of the Control of th				and the state of t				VALLEMENT OF THE PERSON OF THE							Business Agent	Vincent Lazzaro	Name:
		9/1/2004		6/25/2004		3/16/2004	Subtotal	0.11	12/7/2004			11/18/2004		6/16/2004			8/30/2004	Subtotal:	3/9/2004		The second control of	2/12/2004		1/22/2004	Date of Payment
-		\$613.69		\$26.60		\$26.16	\$2,424.14	9)	(\$270.99)			\$1,750.00		\$220.13			\$725.00	\$1,897.99	(\$553.51)			\$2,100.00		\$351.50	Amount of Payment
August 8-11, 2004	Lodging & Meals - Riveredge Hotel	Board of Trustees Meeting	Meals - Wyndnam Hotel	Board of Trustees Meeting May 18, 2004	Meals - Wyndnam Hotel	Board of Trustees Meeting Mar 2, 2004			Refund	Nov 27-Dec 1, 2004	NCCMP Conference	Lodging and Meal Expenses	Nov 27-Dec 1, 2004	Airfare - NCCMP Conference	FANC Dacing Vising, I F	Nov 29-Dec 1- 2004	Registration NCCMP Conference		Refund	Orlando, FL- Feb 21-24, 2004	IFEBP Educational Conference	Lodging and Meal Expenses	Feb 21-25, 2004 - Orlando, FL	Airfare for IFEBP Educational Conference	Explanation of Expenditure

Name:	Date of Payment	Amount of Payment	Explanation of Expenditure
Vincent Lazzaro			
Business Agent	12/21/2004	\$29.18	Board of Trustees Meeting Nov 23, 2004
	A to the second of the second		Meals - Wyndham Hotel
	10/28/2004	\$47.94	Training Fund Supplies
	12/16/2004	\$30.26	Luncheon for Office Fund Staff
			and Board of Trustees
	2004 Grand Total:	\$5,095.96	January 1 thru December 31, 2004